Cook® Odyssey Holmium Laser System STED 510(k) submission Cook Urological, Incorporated February 15, 2008 K080525

APR 1 7 2008

510(k) SUMMARY

Submitted by:

Cindy Foote

Regulatory Affairs Specialist Cook Urological, Incorporated

750 Daniels Way P.O. Box 489

Bloomington, Indiana 47402-0489

February 15, 2007

Device:

Trade Name:

Cook® Odyssey Holmium Laser System

Proposed Classification Name:

Laser Instrument, Surgical, Powered

21 CFR Part 878.4810

Class II, GEX

Class IV Laser Product

Predicate Devices:

The Cook® Odyssey Holmium Laser System is similar with respect to indications for use and technology to existing predicate devices in commercial distribution. Specifically, the Cook® Odyssey Holmium Laser System is similar to the VersaPulse® Power Suite (K011703) manufactured by Lumenis, distributed by Boston Scientific Corporation and the Medilas H 20 (K061455) manufactured by Dornier Med Tech, distributed by Gyrus ACMI. The Cook® Odyssey Holmium Laser System is identical to the Odyssey™ 30 (K951910) manufactured and distributed by Convergent Laser Technologies and distributed by Cook Urological, Incorporated.

Device Description:

The Cook® Odyssey Holmium Laser System is used in fragmentation of urinary calculi and soft tissue applications. The Cook® Odyssey Holmium Laser System is a pulsed holmium YAG laser emitting laser radiation at 2100 nanometer and a 30 Watt maximum average power. The holmium wavelength is highly absorbed by water for tissue ablation with minimal lateral thermal damage. In the case of laser lithotripsy, laser energy vaporizes water in the calculus causing it to crumble into small enough particles to pass easily through the urinary tract. The Cook® Odyssey Holmium Laser System is a completely enclosed transportable unit.

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Substantial Equivalence:

The Cook® Odyssey Holmium Laser System is comparable with respect to intended use to the published predicate device description and meets the requirements for 510(k) substantial equivalence.

Test Data:

Applicable testing was performed in accordance with United States Food and Drug Administration recommendations and recognized national and international standards. Testing data and information is included in this submission. All testing results were acceptable.

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Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

APR 17 2008

Cook Urological, Inc. % Ms. Cindy Foote Regulatory Affairs Specialist 750 Daniels Way Bloomington, Indiana 47404

Re: K080525

Trade/Device Name: Cook® Odyssey Holmium Laser System

Regulation Number: 21 CFR 878.4810

Regulation Name: Laser surgical instrument for use in general and plastic surgery and

in dermatology

Regulatory Class: II Product Code: GEX Dated: April 1, 2008 Received: April 2, 2008

Dear Ms. Foote:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set

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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

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Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

| 510(k) Number (if known): | K080 | 525 | |
|---------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Device Name: | Cook® Odyssey Holmium Laser System | | |
| Indications for Use: | tissue applications. System is indicated Pulmonary, Gyneco where fragmentation | fragmentation of urinary calculi and The Cook® Odyssey Holmium Lase for use in Urinary, Gastroenterology logy, and General Surgery procedure of stones and soft tissue incision, ration and ablation are indicated. | er /, |
| Prescription UseX_ (Part 21 CFR 801 Subpart D) | AND/OR | Over-The-Counter Use(21 CFR 801 Subpart C) | |
| (PLEASE DO NOT WRITE BE | ELOW THIS LINE-CON | ITINUE ON ANOTHER PAGE IF NEED |)ED) |
| (Division Signature) Division of Grand Neurolog | n-Off) eneral, Restorat gical Devices | | |
| 510(k) Numb | er K080 | 525 | |